

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 8 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

23213

## 1. PLACE OF DEATH

County Boone  
 Township Columbia  
 City Columbia (No.       )

Registration District No. 73  
 Primary Registration District No. 5112

File No.         
 Registered No. 176  
 St.        Ward       

2. FULL NAME William Price Smith

(a) Residence, No.        St.        Ward         
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Dora B Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1862  
 7. AGE YEARS 72 MONTHS 4 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo.13. NAME Thomas Smith14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.15. MAIDEN NAME Sarah A George16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.17. INFORMANT Mrs Pauline Traylor (ADDRESS) Columbia, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Farmview DATE July 15 193419. UNDERTAKER R. Oliver (ADDRESS) Columbia20. FILED 7/14/1934 Allie Selby Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 193422. I HEREBY CERTIFY That I attended deceased from July 13 1934 to       , 19      

I last saw him alive on       , 19      . Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:  
 Date of onset 300

Heart failure due to exposure in excision  
lost on July 12th - 1934  
59  
191  
191

Other contributory causes of importance:  
Diabetes and dropsy

Name of operation None Date of       What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?        Date of injury       , 19      

Where did injury occur?        (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury       Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify C. S. Davis, coroner

(Signed)        M. D.(Address) Columbia, Mo.

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